



**State of Hawaii, Department of Health, Clean Water Branch**

**CWB-NOI Form D**

**Notice of Intent for HAR, Chapter 11-55, Appendix D - NPDES General Permit Coverage Authorizing Discharges of Treated Effluent From Leaking Underground Storage Tank Remedial Activities**

Before completing this form, read the General Guidelines for CWB-NOI Forms and Guidelines for CWB-NOI Form D. Alteration of the text in this form may delay the processing of this submittal.

1. Owner Information (see Guidelines for CWB-NOI Form D - Note 1)

Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

2. Owner Type (see Guidelines for CWB-NOI Form D - Note 2)

City ☐ County ☐ State ☐ Federal ☐ Private ☐ Other ☐

If "Other" is checked, specify the type below:

\_\_\_\_\_

3. Operator Information (see Guidelines for CWB-NOI Form D - Note 3)

Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

4. Facility Information (see Guidelines for CWB-NOI Form D - Note 4)

Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

Island: \_\_\_\_\_

Tax Map Key No(s).			
Zone	Section	Plat	Parcel(s)

5. Receiving State Water(s) Information (see Guidelines for CWB-NOI Form D - Note 5)

a. Receiving State Water Name: \_\_\_\_\_

Discharge Point Coordinates into the Receiving State Water:

Latitude: ° ', " N Longitude: ° ', " W

Classification: (check the appropriate space(s))

Inland: Class 1 ☐ Class 2 ☐ and Estuary ☐

Marine: Class AA ☐ Class A ☐ and Embayment ☐

b. Are there additional discharge points into receiving State waters?

No ☐ Yes ☐ If yes, provide the information requested in Item 5.a. on a separate sheet.

c. Does the discharge initially enter a separate storm water drainage system?

No ☐ Yes ☐ If yes, provide the following information. Attach a separate sheet with the requested information if there is more than one (1) discharge point into the separate storm water drainage system.

i. Drainage System Owner's name: \_\_\_\_\_

ii. Discharge Point Coordinates into the Drainage System:

Latitude: ° ', " N Longitude: ° ', " W

- iii. A copy of the permit, license, or equivalent written approval granted by the owner(s) of the drainage system(s) allowing the subject discharge to enter their drainage system(s) is attached.

Yes ☐ No ☐ , an explanation is attached.

6. Location Map (see Guidelines for CWB-NOI Form D - Note 6)

A topographic map or maps of the area which clearly show the following is/are attached:

Yes ☐ No ☐

- a. Legal boundaries of the facility,
- b. Location and identification number of each of the facility's existing and/or proposed outfalls or discharge points, and
- c. Receiving State water(s) and receiving storm water drainage system(s), if applicable, identified and labeled.

7. Flow Chart (see Guidelines for CWB-NOI Form D - Note 7)

A flow chart or line drawing showing the general route taken by storm water through the facility from intake to the discharge point is attached.

Yes ☐ No ☐

8. Existing or Pending Permits, Licenses, or Approvals (see Guidelines for CWB-NOI Form D - Note 8)

Provide the status and corresponding file numbers on any existing or pending environmental permits.

- a. Other NPDES Permit or NGPC File No.: \_\_\_\_\_
- b. DA Permit: \_\_\_\_\_
- c. Section 401 WQC: \_\_\_\_\_
- d. RCRA Permit (Hazardous Wastes): \_\_\_\_\_
- e. Facility on SARA 313 List (identify SARA 313 chemicals on site):  
\_\_\_\_\_
- f. Other (Specify): \_\_\_\_\_

9. NGPC Renewal (see Guidelines for CWB-NOI Form D - Note 9)

Is this an application for NGPC renewal?

No ☐ Yes ☐ If yes, provide the assigned File No.: \_\_\_\_\_

10. Automatic Coverage Under General Permit (see Guidelines for CWB-NOI Form D - Note 10)

- a. ☐ I elect to claim automatic coverage per HAR, Section 11-55-34.09(f).
- b. ☐ I elect to waive automatic coverage per HAR, Section 11-55-34.09(g).

11. North American Industrial Classification System (NAICS) United States Structure Codes (see General Guidelines for NOI Forms - Note IV)

	NAICS Codes						Description
a							
b							
c							
d							

12. Physical Effluent Quality (see Guidelines for CWB-NOI Form D - Note 12)

- a. Check the appropriate column.

Parameter	Believe Present	Believe Absent
Floating Debris		
Scum or Foam		
Color		
Odor		

- b. Provide an explanation for the parameters believed to be present in the discharge.

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13. Water Quality Parameters (see Guidelines for CWB-NOI Form D - Note 13)

- a. Parameters must be tested and reported. Provide laboratory data sheets in addition to completing the following table.

Parameter	Test Result	Units	Test Method	Method Detection Limit
Total Nitrogen (10 µg/l)		µg/l		
Ammonia Nitrogen (1 µg/l)		µg/l		
Nitrate + Nitrite (1 µg/l)		µg/l		
Total Phosphorus (10 µg/l)		µg/l		
Turbidity (0.1 NTU)		NTU		
Total Suspended Solids (1 mg/l)		mg/l		

Parameter	Test Result	Units	Test Method	Method Detection Limit
pH (0.1 standard units)				
Dissolved Oxygen (0.1 mg/l)		mg/l		
Oxygen Saturation (1%)		%		
Temperature (0.1 °C)		°C		
Salinity (0.1 ppt)		ppt		
or Chloride (0.1 mg/l)*		mg/l		
or Conductivity (1 µmhos/cm)*		µmhos/cm		
Oil and Grease (1 mg/l)		mg/l		

\* Fresh waters and effluent samples

14. Toxic Parameters (see Guidelines for CWB-NOI Form D - Note 14 and Glossary of Chemicals in General Guidelines for NOI Forms - Note V)

Provide laboratory data sheets in addition to completing the following tables.

a. Metals

Total Recoverable Metal Parameter	Test Result	Units	Test Method	Method Detection Limit
Aluminum		µg/l		
Antimony		µg/l		
Arsenic		µg/l		
Beryllium		µg/l		
Cadmium		µg/l		
Chromium (VI)		µg/l		
Copper		µg/l		
Lead		µg/l		
Mercury		µg/l		
Nickel		µg/l		
Selenium		µg/l		
Silver		µg/l		
Thallium		µg/l		
Tributyltin		µg/l		
Zinc		µg/l		

b. Organonitrogen Compounds

Organonitrogen Compound Parameter	Test Result	Units	Test Method	Method Detection Limit
Benzidine		µg/l		
2,4-Dinitro-o-cresol		µg/l		
Dinitrotoluenes		µg/l		
1,2-Diphenylhydrazine		µg/l		
Nitrobenzene		µg/l		
Nitrosamines		µg/l		
N-Nitrosodibutylamine		µg/l		
N-Nitrosodiethylamine		µg/l		
N-Nitrosodimethylamine		µg/l		
N-Nitrosodiphenylamine		µg/l		
N-Nitrosopyrrolidine		µg/l		

c. Pesticides

Pesticide Parameter	Test Result	Units	Test Method	Method Detection Limit
Aldrin		µg/l		
Chlordane		µg/l		
Chlorpyrifos		µg/l		
DDT		µg/l		
Demeton		µg/l		
Dieldrin		µg/l		
Endosulfan		µg/l		
Endrin		µg/l		
Guthion		µg/l		
Heptachlor		µg/l		
Lindane		µg/l		
Malathion		µg/l		
Methoxychlor		µg/l		
Mirex		µg/l		
Parathion		µg/l		
TDE - metabolite of DDT		µg/l		
Toxaphene		µg/l		

d. Phenols

Phenol Parameter	Test Result	Units	Test Method	Method Detection Limit
2-Chlorophenol		µg/l		
2,4-Dichlorophenol		µg/l		
2,4-Dimethylphenol		µg/l		
Nitrophenols		µg/l		
Pentachlorophenol		µg/l		
Phenol		µg/l		
2,3,5,6-Tetrachlorophenol		µg/l		
2,4,6-Trichlorophenol		µg/l		

e. Phthalates

Phthalate Parameter	Test Result	Units	Test Method	Method Detection Limit
Bis (2-ethylhexyl) phthalate		µg/l		
Dibutyl phthalate (esters)		µg/l		
Diethyl phthalate (esters)		µg/l		
Dimethyl phthalate (esters)		µg/l		

f. Polynuclear Aromatic Hydrocarbons

Polynuclear Aromatic Hydrocarbon Parameter	Test Result	Units	Test Method	Method Detection Limit
Acenaphthene		µg/l		
Fluoranthene		µg/l		
Naphthalene		µg/l		
Polynuclear aromatic hydrocarbons		µg/l		

g. Volatile Organics

Volatile Organic Parameter	Test Result	Units	Test Method	Method Detection Limit
Acrolein		µg/l		
Acrylonitrile		µg/l		
Benzene		µg/l		
Carbon tetrachloride		µg/l		
Bis(2-chloroethyl)ether		µg/l		

Volatile Organic Parameter	Test Result	Units	Test Method	Method Detection Limit
Bis(chloroethers-methyl)		µg/l		
Bis(chloroisopropyl)ether		µg/l		
Chloroform		µg/l		
Dichlorobenzenes		µg/l		
Dichlorobenzidine		µg/l		
1,2-Dichloroethane		µg/l		
1,1-Dichloroethylene		µg/l		
Dichloropropanes		µg/l		
1,3-Dichloropropene		µg/l		
Ethylbenzene		µg/l		
Hexachlorobenzene		µg/l		
Hexachlorobutadiene		µg/l		
Hexachlorocyclohexane, alpha		µg/l		
Hexachlorocyclohexane, beta		µg/l		
Hexachlorocyclohexane, technical		µg/l		
Hexachlorocyclopentadiene		µg/l		
Hexachloroethane		µg/l		
Isophorone		µg/l		
Pentachlorobenzene		µg/l		
Pentachloroethanes		µg/l		
1,2,4,5-Tetrachlorobenzene		µg/l		
1,1,2,2-Tetrachloroethane		µg/l		
Tetrachloroethanes		µg/l		
Tetrachloroethylene		µg/l		
Toluene		µg/l		
1,1,1-Trichloroethane		µg/l		
1,1,2-Trichloroethane		µg/l		
Trichloroethylene		µg/l		
Vinyl chloride		µg/l		

h. Others

Other Parameter	Test Result	Units	Test Method	Method Detection Limit
Chlorine		µg/l		
Cyanide		µg/l		
Dioxin		µg/l		



Other Parameter	Test Result	Units	Test Method	Method Detection Limit
Polychlorinated biphenyls		µg/l		

15. Treatment System Operator Information (see Guidelines for CWB-NOI Form D - Note 15)

Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

16. Treatment System Operations Plan (see guidelines for CWB-NOI Form D - Note 16)

A treatment systems operations plan which specifies the treatment system to be used and describes its operation in details. The plan shall describe accepted engineering practice of how the process and physical design of the treatment facilities will ensure compliance with the General Permit.

a. Treatment System to be used

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Discharge Schedule

i. Date(s) on which the project will begin the discharge.

\_\_\_\_\_  
\_\_\_\_\_

ii. Date(s) on which the project will terminate the discharge.

\_\_\_\_\_  
\_\_\_\_\_

c. Effluent Discharge Information

i. Average Daily Flow Rate (cfs/gpd): \_\_\_\_\_

ii. Maximum Daily Flow Rate (cfs/gpd): \_\_\_\_\_

iii. Frequency of Discharge (check appropriate space(s))

Continuous ☐ Intermittent ☐ Daily ☐ Emergency ☐

d. Contingency plan to be activated in the event of an emergency

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e. Provisions for system shut-down and any other measure for the protection of health and safety of employees and the public

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f. Sampling plan, including a detailed schedule for sampling and analysis of the treated groundwater

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g. Certification of the Treatment System

The adequacy of each of the following components of the proposed treatment system shall be certified by report or letter with the design engineer's signature and professional engineering license number:

- i. All of the treatment system's startup and operation instruction manuals are adequate and available to operating personnel;
- ii. All treatment system maintenance and testing schedules are included in the Treatment System Operations Plan; and
- iii. Effluent sampling locations and ports are located in areas where samples representative of the waste stream to be monitored can be obtained.

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The Certification of the Treatment System is submitted as an attachment to CWB-NOI Form D.

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The Certification of the Treatment System will be submitted 30 days before the start of remedial activities.

17. Additional Information (see Guidelines for CWB-NOI Form D - Note 17)

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18. Authorization of Representative (see Guidelines for CWB-NOI Form D - Note 18)

Alteration of this item will result in the invalidation of the authorization statement(s).

- a. This statement authorizes the named individual or any individual occupying the named position of the company/organization listed below to act as our representative to process the required CWB-NOI Form for coverage under the NPDES general permit to discharge to State waters from the subject facility. The Owner hereby agrees to comply with and be responsible for all NGPC conditions.

Company/Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Authorized Contact Person & Title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

- b. This statement authorizes the named individual or any individual occupying the named position of the company/organization listed below to act as our representative to process the required CWB-NOI Form for coverage under the NPDES general permit to discharge to State waters from the subject facility. Our representative is further authorized to fulfill all conditions of the NGPC. The Owner hereby agrees to comply with and be responsible for all NGPC conditions.

Company/Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Authorized Contact Person & Title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

- c. This statement authorizes the named individual or any individual occupying the named position of the company/organization listed below to act as our representative to fulfill all conditions of the NGPC for the subject facility. The Owner hereby agrees to comply with and be responsible for all NGPC Conditions.

Company/Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Authorized Contact Person & Title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

- d. ☐ A separate statement is attached.

19. Certification (see Guidelines for CWB-NOI Form D - Note 19)

Alteration of this item will result in the invalidation of this CWB-NOI Form submittal. **The person certifying this CWB-NOI Form must meet one of the following descriptions and be employed by the owner listed in Item 1.**

- ☐ I certify that for a municipal agency, I am a principal executive officer or ranking elected official.
- ☐ I certify that for a state agency, I am a principal executive officer or ranking elected official.
- ☐ I certify that for a non-federal public agency, I am a principal executive officer or ranking elected official.
- ☐ I certify that for a federal agency, I am the chief executive officer of the agency, or I am the senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.
- ☐ I certify that I am a general partner for a partnership.
- ☐ I certify that I am the proprietor for a sole proprietorship.
- ☐ I certify that for a corporation, I am the President, Vice President, Secretary, or Treasurer of the corporation and in charge of a principal business function, or I perform similar policy or decision-making functions for the corporation.
- ☐ I certify that for a corporation, I am the Manager of one or more manufacturing, production, or operating facilities and am authorized to make management decisions which govern the operation of the regulated facility or facilities including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations. I can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements and authority to sign documents has been assigned or delegated to me in accordance with corporate procedures.
- ☐ I certify that for a trust, I am a trustee.
- ☐ I certify that for a limited liability company (LLC), I am the Manager or a Member authorized to make management decisions for the LLC and am in charge of a principal business function, or I perform similar policy or decision-making functions for the LLC.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

Company/Organization Name: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

CWB-NOI Form D Checklist			
If any item (except for Item 17) is listed as "no," attach a sheet with the reason for its exclusion from the CWB-NOI Form D submittal.			
Item Number	Description	Is info. provided?	
		yes	no
1.	Owner Information		
2.	Owner Type		
3.	Operator Information		
4.	Facility Information		
5.	Receiving State Water(s) Information		
6.	Location map is attached		
7.	Flow chart is attached		
8.	Existing or Pending Permits, Licenses, or Approvals		
9.	NGPC Renewal		
10.	Automatic Coverage Under General Permit		
11.	North American Industrial Classification System (NAICS) United States Structure Codes		
12.	Physical Effluent Quality		
13.	Water Quality Parameters		
14.	Toxic Parameters		
15.	Treatment System Operations		
16.	Treatment System Operations Plan		
	g. Certification of the Treatment System is attached		
17.	Additional Information		
18.	Authorization of Representative		
19.	Certification		
20.	Filing Fee (\$500.00) is attached		
21.	Number of copies with supporting documents submitted		
	One (1) copy for facilities on Oahu with owner's original signature		
	Two (2) copies for facilities on islands other than Oahu (one with owner's original signature)		
22.	Submit a list of all supporting documents (see General Guidelines for NOI Forms - Note X)		